FORM PTO-1083 IITED STATES PATENT AND TRADEMARK OFFICE

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I hereby certify that this correspondence is

Service with sufficient postage as first class

mail in an envelope addressed to:

Alexandria, VA 22313-1450, on

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

June 8, 2004 Date of Deposit

being deposited with the United States Postal

#6Reg. No. 41,232

06/08/04

Date

In re application of: Simon QIN, et al.

Serial No: 09/885.499 Filed: June 19, 2001

For:

BACKUP/RECOVERY SYSTEM AND METHODS

REGARDING THE SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

X No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-20	20	**	0	LG=\$18 SM=\$9	\$	0	
INDEPENDENT CLAIMS FEE	3	-3	3	***	0	LG=\$86 SM=\$43 \$86	\$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145								0	
						TOTAL	. \$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ -0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- A check in the amount of \$420 to cover the extension fee is enclosed. A copy of this sheet is \boxtimes
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 図 communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

X Any patent application processing fees under 37 C.F.R. § 1.17

> Respectfully submitted, HOGAN&

Art Unit:

Examiner:

Anthony J. Qrier Registration No. 41,232 Attorney for Applicant(s)

Date: June 8, 2004

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